

Case Number:	CM15-0207883		
Date Assigned:	10/26/2015	Date of Injury:	10/08/2013
Decision Date:	12/08/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/22/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 64 old female, who sustained an industrial injury on 10-8-13. The injured worker was being treated for spondylolisthesis, stenosis, and status post multi-level fusion. On 9- 29-15, the injured worker reports no knee pain following left knee total knee replacement 5-11- 15, ambulating without assistive devices, and is scheduled for spine surgery following month. Physical exam performed on 9-29-15 revealed healed wound of left knee; there is no documentation of a spinal exam. Treatment to date has included cervical and lumbar fusions, physical therapy, left total knee arthroplasty, oral medications, and activity modifications. There is no documentation of request or treatment plan including lumbar epidural steroid injection. On 10-5-15, the request for lumbar epidural steroid injection was non-certified by Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lumbar epidural steroid injection x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The CA MTUS cited recommends epidural steroid injections (ESIs) as an option for the treatment of radicular pain, and in general, no more than two total injections. The injured worker (IW) must have radiculopathy documented by exam, corroborated by imaging and/or electrodiagnostic studies, and be unresponsive to conservative management. No more than two nerve root levels should be injected with a transforaminal block or one interlaminar level injection per session. In the case of this IW, the physical exam from 6-30-15 does demonstrate left lower extremity radicular findings, and relatively recent CT and MRI scans provide corroborating evidence. However, the request does not meet guideline criteria due to the lack of specified levels and laterality. In addition, recent treating physician notes pertaining to her recent total knee replacement stated that she was pending "spine surgery" in October 2015. Therefore, the request for Lumbar epidural steroid injection x 1 is not medically necessary and appropriate.